

Local Health Departments Undertake Mass Prophylaxis Planning

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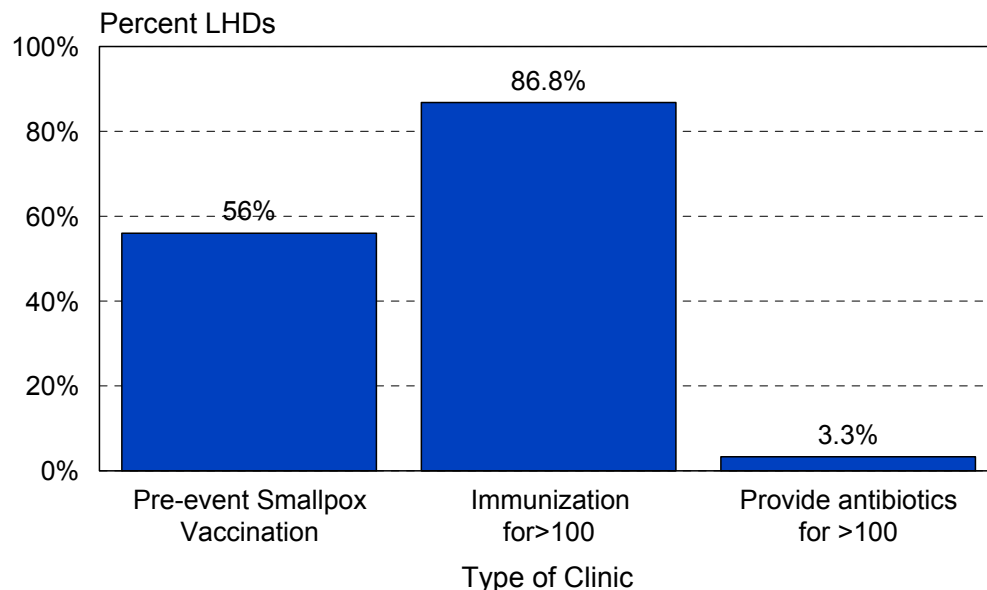
Since 1999, the Centers for Disease Control and Prevention (CDC) has provided funding to support preparedness of local health departments (LHDs) for response to public health emergencies. Two capabilities will be funded this year: plans for conducting mass prophylaxis clinics and plans for receiving supplies from the Strategic National Stockpile (SNS). Indiana State Department of Health (ISDH) staff developed a survey to determine what needs LHDs might have for technical assistance in developing their plans. ISDH is happy to announce that **92 of 94 LHDs** have submitted their data on this survey, *Assessment of Readiness to Respond to Events Requiring Mass Prophylaxis and/or Delivery of the Strategic National Stockpile (SNS)*. The results relating to the mass prophylaxis are reported in this article.

Experience with Mass Prophylaxis

Results of the survey show that Indiana LHDs have a wealth of experience in conducting immunization clinics. More than 85 percent had conducted such clinics for more than 100 persons and in addition, more than 50 percent had participated in the Pre-event Smallpox Vaccination campaign of 2003 (Figure 1). The latter experience is particularly valuable as the smallpox vaccination is one of the most complex to administer, both from the perspective of patient education with informed consent and the unique technique of delivery which required the use of multiple pricks with a bifurcated needle.

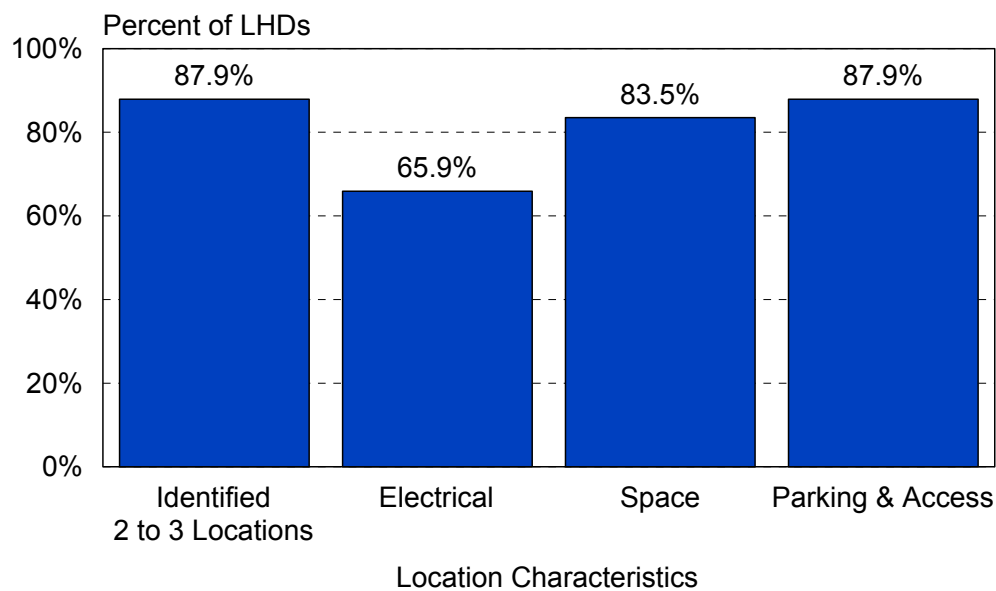
Indiana's LHDs have much less experience with a different type of prophylaxis clinic. When asked about their experience with clinics dispensing prophylactic doses of antibiotics, fewer than 5 percent had any significant experience (Figure 1).

Figure 1. Experience with Immunization Clinics



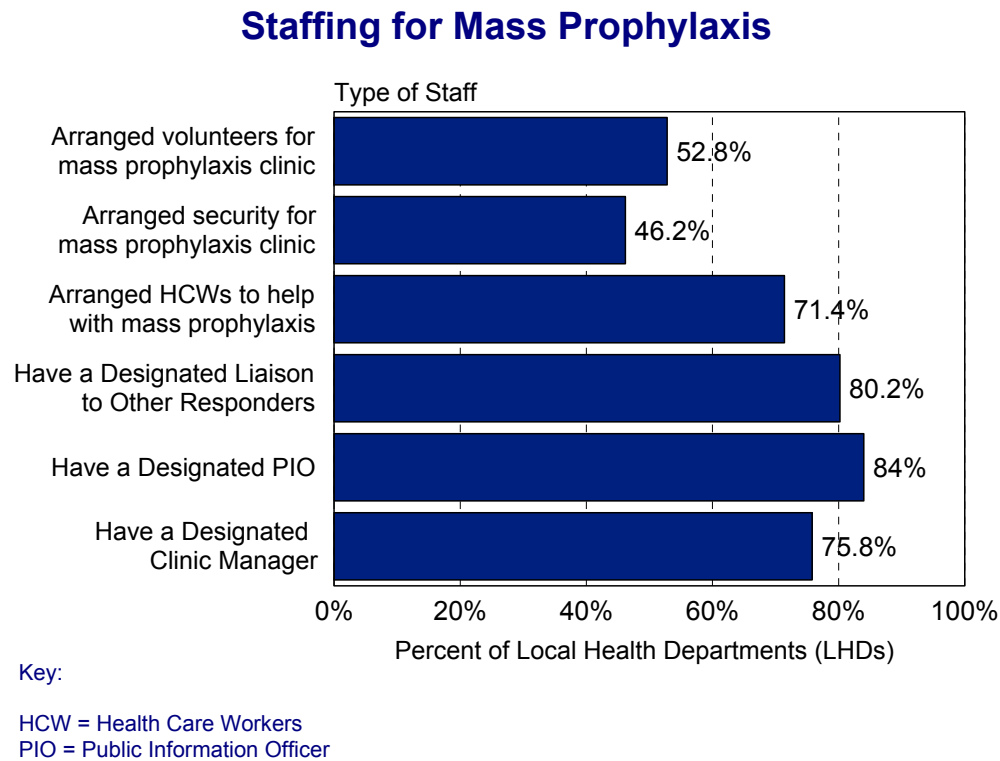
There is good evidence from assessment data that LHDs are progressing in planning for the types of facilities that would support large-scale mass prophylaxis clinics. Nearly 85 percent have identified two or three facilities within their jurisdictions that could provide the public access and space necessary to accommodate clinic stations (Figure 2).

Figure 2. Arrangements for Clinic Sites



With respect to staffing a mass prophylaxis clinic, less advance work has been accomplished. Between 70 and 85 percent had addressed their staffing needs for clinic management, public information, liaison to other emergency responders, and additional health care workers. However, only about half have considered arrangements for security and for volunteers who might assist with greeting and distribution/collection of paperwork (Figure 3).

Figure 3. Arrangements for Clinic Staffing



Assessment results show that Indiana LHDs need to further analyze their jurisdictions' populations that might need prophylaxis. Less than 19 percent reported that they had considered how to serve special populations. CDC recommends that LHDs be ready to deliver prophylaxis to at least five separate types of populations:

- Front line workers – both traditional first responders such as police and fire fighters as well as other public safety professionals, including workers responsible for public safety, public health, public utilities, vital infrastructure and jurisdictional decision-making
- General public – those individuals who can easily respond to the print and electronic messages about prophylaxis opportunities and who are able to come to central prophylaxis sites.
- Institutionalized persons – individuals who may be in a restricted setting such as a long term care facility
- Home bound persons – individuals who may have limited mobility and cannot easily arrive at a prophylaxis clinic
- Additional special populations – individuals or groups who may not be able to receive information about prophylaxis opportunities via the usual means (i.e. print and electronic media). These would include members of cultural/language minorities, homeless persons, or those with hearing or vision impairments.

Web Portal

The survey data were reported to ISDH via the agency's Web Portal. Use of the portal permits secure, password-protected input of data, a means that had been used previously for hospital data. The success of the LHD staff members in accessing the portal for data input demonstrates the advances being made in our state toward use of electronic formats.

Technical Assistance for Mass Prophylaxis Planning

ISDH staff members have provided print materials as e-mail attachments to support LHDs in their mass prophylaxis planning:

1. A PDF file entitled "Instructions for Mass Prophylaxis Planning" – This provides general instructions for mass prophylaxis planning
2. A PDF file entitled "Planning for Mass Prophylaxis" – This is a guide that explains the CDC approach to mass prophylaxis and the information about the mass prophylaxis plan that must be reported to ISDH
3. A Word document entitled "Word Template for Mass Prophylaxis Plan Information" - This document is designed to provide mass prophylaxis planners with a working document into which they can enter plan information. Ultimately, the required information will be reported to ISDH via the Web Portal. The template is designed to be the same as the Portal template. Therefore, the information can be entered into the Portal by use of a simple "Copy and Paste" maneuver from the Word document.

Some additional items are available on the ISDH Web site at address:

<http://www.in.gov/isdh/js/mpp-plan/>

1. Guides – Chapter 11 of the CDC Stockpile Guide and pages 3-42 of the CDC smallpox guide (Supply and Equipment List)
2. Attachments A through G for the ISDH planning guide
3. Other Materials – The floor plan used by the San Francisco Public Health Department for their mock smallpox vaccination clinic

On February 6, 2004, ISDH and a panel of LHD representatives will offer a technical assistance teleconference via the Indiana Higher Education Telecommunications System (IHETS). Information about the broadcast and downlink sites will be sent via e-mail to each LHD. In addition, ISDH field staff, particularly the district public health coordinators, are also available to provide person-to-person assistance.

Deadlines

The mass prophylaxis information that must be reported to ISDH will be submitted using the ISDH Web Portal. The portal will be available for data input the first week in March 2004. LHD staff members can provide their information anytime after that up to April 2, 2004.

Grant Awards

LHDs will receive grant awards for their participation in these planning activities. An award of approximately \$4,200 per LHD is being made for completion of the assessment and once the mass prophylaxis information has been submitted, a second award of approximately \$10,000 per county will be available. The third, and final, planning activity will be for arrangements to receive supplies from the Strategic National Stockpile. Approximately \$100,000 per district will be available with this activity.
